

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0480233	CRYSTAL LAKE PLAZA			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
99 STAFFORD RD. (RT. 30)				4				

Towns Served:

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/10/2017	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Color MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10218	WELL #1	2		A				

Contact Information

Name		Organization		Job Title		
Mr. Scott E. Webber		Crystal Lake Plaza				
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0480233	CRYSTAL LAKE PLAZA	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
99 STAFFORD RD. (RT. 30)		4			
Towns Served:					
99 Stafford Rd			Ellington	CT	06029-9732
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-316-8192			860-871-9287	860-872-2209	
Contact Role(s): Administrative Contact, Legal Contact, Owner					
Name			Organization		Job Title
Weber Enterprises LLC					
Mailing Address Line One			Mailing Address Line Two		City
99-101 Stafford Rd					Ellington
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 SANDY BEACH ROAD					1			

Towns Served: ELLINGTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/19/2014	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/17/2015	
L1 ASSESSMENT (MULTIPLE TC+)	5/6/2017	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
265 SANDY BEACH ROAD					1			

Towns Served: ELLINGTON

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/1/2019	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/30/2019	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/7/17 -	2	8/10/2017		8/20/2017	
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019	
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019	
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	9/6/2019		9/16/2019	
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3	9/6/2019		9/16/2019	
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	9/6/2019		9/16/2019	
Total Coliform M&R Violation	4/1/18 - 4/30/18	3	9/6/2019		9/16/2019	
Total Coliform M&R Violation	9/1/18 - 9/30/18	3	11/13/2019		11/23/2019	
Physical Parameters M&R Violation	9/1/18 - 9/30/18	3	11/20/2019		11/30/2019	
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	2/29/2020		3/10/2020	
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	2/29/2020		3/10/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20880	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Yolanda J. Armelin				Crystal Lake Community Church			Chair Bd of Trustees		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
278 Sandy Beach Road						Ellington		CT	06029
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-872-0798							laniarmlin@aol.com		
Contact Role(s):		Legal Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0480064	CRYSTAL LAKE COMMUNITY METHODIST CHURCH	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
265 SANDY BEACH ROAD				1	
Towns Served: ELLINGTON					
Name		Organization		Job Title	
Community United Methodist Church					
Mailing Address Line One		Mailing Address Line Two		City	State
278 Sandy Beach Rd				Ellington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					
Name		Organization		Job Title	
Ms. Molly Anderson		Hirth Small Engine Repair			
Mailing Address Line One		Mailing Address Line Two		City	State
51 Sandy Beach Road				Ellington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-872-9034					RIDOBRCOM@msn.com
Contact Role(s): Administrative Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480114	ELLINGTON RIDGE COUNTRY CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
56 ABBOT ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	5/1/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	10/1/10 - 12/31/10	2	11/20/2010		11/30/2010	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480114	ELLINGTON RIDGE COUNTRY CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
56 ABBOT ROAD				1			
Towns Served: ELLINGTON							

Water System Facility and Sampling Point Inventory

<i>Water System</i> Facility ID	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
20884	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title		
Mr. Michael Reardon		The Ellington Purchasing Corp			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
56 Abbott Rd					Ellington	CT	06029-9732
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-872-4052		860-870-7340		860-872-9133	michaelreardon@hotmail.com		

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480144	ROLLING MEADOWS COUNTRY CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
76 SADDIS MILL ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20887	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title			
Ms. Anne Gale-Wolchesky				Rolling Meadows Country Club		Managing Member			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
76 Sadds Mill Road						Ellington		CT	06029
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-875-7243			860-875-3887			860-974-3189			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0480144	ROLLING MEADOWS COUNTRY CLUB	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
76 SADDIS MILL ROAD			1		
Towns Served: ELLINGTON					
Contact Role(s): Administrative Contact					
Name		Organization		Job Title	
Rolling Meadows LLC					
Mailing Address Line One		Mailing Address Line Two		City	State
Rolling Meadows Country Club		76 Saddis Mill Road		Ellington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-870-5328					
Contact Role(s): Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0480154	SJ RANCH, INC. (WELL #1 - KITCHEN)			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD					1			

Towns Served: ELLINGTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Physical Parameters (PPS)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	1/1/18 - 12/31/18	6/1-8/31	Complete
	1/1/19 - 12/31/19	6/1-8/31	
	1/1/20 - 12/31/20	6/1-8/31	

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/7/2018	
SEASONAL START UP COMPLETION	6/1/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	3	11/8/2018		11/18/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20888	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title			
Ms. Patricia L. Haines										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
130 Sandy Beach Road							Ellington		CT	06029-9732
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-872-4742										
Contact Role(s):		Administrative Contact, Legal Contact, Owner								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480154	SJ RANCH, INC. (WELL #1 - KITCHEN)			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480164	SJ RANCH, INC. (WELL #2 - OVERLOOK)			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Physical Parameters (PPS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	1/1/18 - 12/31/18	6/1-8/31	Complete
	1/1/19 - 12/31/19	6/1-8/31	
	1/1/20 - 12/31/20	6/1-8/31	

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	6/7/2018	
SEASONAL START UP COMPLETION	6/1/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	3	11/8/2018		11/18/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20889	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Patricia L. Haines									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
130 Sandy Beach Road						Ellington		CT	06029-9732
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-872-4742									
Contact Role(s):		Legal Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0480164	SJ RANCH, INC. (WELL #2 - OVERLOOK)	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
130 SANDY BEACH ROAD			1		
Towns Served: ELLINGTON					
Name		Organization		Job Title	
Ms. Alexandra Thomas		Sj Ranch, Inc			
Mailing Address Line One		Mailing Address Line Two		City	State
130 Sandy Beach Road				Ellington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-872-4742					alex@sjridingcamp.com
Contact Role(s): Administrative Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOUSE)			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
130 SANDY BEACH ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Physical Parameters (PPS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	1/1/18 - 12/31/18	6/1-8/31	Complete
	1/1/19 - 12/31/19	6/1-8/31	
	1/1/20 - 12/31/20	6/1-8/31	

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2018	
RESPOND TO SANITARY SURVEY	6/7/2018	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification Required</i>	<i>Public Notification Performed</i>	<i>PN Certification Due to DPH</i>	<i>PN Certification Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/17 - 11/1/17	3	11/8/2018		11/18/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20890	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Patricia L. Haines									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
130 Sandy Beach Road						Ellington		CT	06029-9732
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-872-4742									
Contact Role(s):		Legal Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOUSE)	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
130 SANDY BEACH ROAD			1		
Towns Served: ELLINGTON					
Name		Organization		Job Title	
Ms. Alexandra Thomas		Sj Ranch, Inc			
Mailing Address Line One		Mailing Address Line Two		City	State
130 Sandy Beach Road				Ellington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-872-4742					alex@sjridingcamp.com
Contact Role(s): Administrative Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0480234	LUANN'S BAKERY AND CAFE			NC	60	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
238 SOMERS ROAD				1			
Towns Served: ELLINGTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION (4)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			
		DOWNSTREAM	DOWNSTREAM WITHIN 5	A	Y			
		UPSTREAM	DOWNSTREAM WITHIN 5	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60431	WELL 1	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Michael H. Hoffman				Luann's Bakery And Cafe					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
111 Hoffman Road						Ellington		CT	06029
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-559-6414					860-872-8073	mhoffman07@sbcglobal.net			
Contact Role(s):		Administrative Contact, Legal Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0480234	LUANN'S BAKERY AND CAFE	NC	60	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
238 SOMERS ROAD			1		
Towns Served: ELLINGTON					
Name		Organization		Job Title	
M. L. Hoffman LLC					
Mailing Address Line One		Mailing Address Line Two		City	State
111 Hoffman Road				Ellington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-559-6414				860-872-8073	mhoffman07@sbcglobal.net
Contact Role(s): Owner					

Please note the following:

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